

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52	/					
3							53		/				
4		/					54	/					
5		/					55		/				
6		/					56		/				
7		/					57	/					
8		/					58		/				
9		/					59		/				
10		/					60	/					
11	/						61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		2					65		/				
16	/						66		/				
17		/					67		/				
18		/					68	/					
19		/					69		/				
20		/					70	/					
21		/					71		/				
22		/					72	/					
23		/					73		/				
24		/					74		/				
25	/						75		/				
26		/					76		/				
27	/						77		/				
28		/					78		/				
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35	/						85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40	/						90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50	/						100						
TOTAL IND.							TOTAL IND.	15					
TOTAL DEP.							TOTAL DEP.	64					
TOTAL CLAIMS							TOTAL CLAIMS	79					